

## Falconry Annual Report

Annual reports are due by January 31 of each year and must be completed and returned even if you do not have birds in your possession.

Change of address (falconer or facilities) or phone number must be reported immediately to the Division. Failure to report may result in loss of falconry privileges.

**Date (mm/dd/yyyy):**

### PRINT INFORMATION

State COR No.:	Expiration date:	Federal Permit No.:	Expiration date:	Class:
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First Name:	Last Name:	MI:	Phone 1:	Phone 2:
Address:	City:	State/Zip:		

**Facilities Location:** *If your address has changed you are required to have your facilities inspected.*

Region:	County:
Address:	City: State/Zip

### Birds Currently in Possession

Species	Date Received	Band Number

#### General or Master Class Only List apprentice's you currently sponsor.

Name	COR Number

#### Apprentice Class Only

Sponsor Name	COR Number

**MUST BE SIGNED:** I certify that all statements on this form are true and correct. I understand that if I subscribe to any false statement on this annual report, I am subject to criminal prosecution.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Mail to:**  
Division of Wildlife Resources  
Attn: Falconry Program  
PO Box 146301  
Salt Lake City, UT 84114-6301